

# ABSTRACTS OF PAPERS DELIVERED BEFORE THE SECTION OF HISTORICAL AND CUL- TURAL MEDICINE, JANUARY 28TH AND FEBRUARY 25TH, 1926

## EVOLUTION OF THE SUBJECT OF APPENDICITIS

ROBERT T. MORRIS

The subject of appendicitis belongs to the latter part of the 19th century and to the 20th century up to date. It has, however, covered three of the four eras in surgery in this short period of time. In the first, or Heroic Era, it is not unlikely that some of the abscesses belonging to appendicitis were opened by surgeons who knew nothing of the origin of the infection. In the second, or Anatomical Era, the appendix vermiformis was occasionally subjected to surgical procedures in operations belonging to what was called "typhlitis." The great advances in this particular phase of surgery were made almost explosively along the development of the third, or Pathological Era, of surgery. The leading idea during this era included the removal of all infected structures and all by-products of infection by means of the surgeon's art. This, however, meant a great deal of meddlesome surgery conscientiously performed, but harmful on the whole. In the fourth, or Physiological Era of surgery, the dependence is placed largely on the patient's ability to control infection. He is subjected to the least degree of surgery, which will suffice for turning the tide of battle in a case of acute appendicitis, and attention is given to conserving his protective resources. In addition to acute appendicitis, five separate and distinct kinds of chronic appendicitis have been recognized and classified.

## INTIMATIONS OF PUBLIC HEALTH IN EARLY NEW YORK

DONALD B. ARMSTRONG,

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The records of early New York during both the Dutch and English occupation up through the first half of the nineteenth

century reflect the sanitary and hygienic problems of which the community and its leaders were conscious. One finds certain measures of personal hygiene and certain initial provisions for the control of medical service, including certain beginnings at the socialization of medicine. There is an early recognition of the need for sanitary regulation, for city planning, and for organized efforts to meet collectively, such requirements as prove to be beyond the range of individual capacity. The records are fragmentary, yet symbolic and indicative of the trend of the times—the pre-natal period of the sanitary awakening to follow.

Examples are cited, including the earliest official effort to regulate the practice of medicine, legislation for the control of midwifery, rules and regulations regarding the inspection of meat, water supply, street cleaning, drains, hogs, rubbish, filth, ashes, dead animals, ill-smelling cheese, etc.

Of some special interest, though perhaps to a degree aside from the main question, are early records on the problem of liquor control, including apparently a Dutch experiment with what we now know as the Canadian Quebec System. The results of early restrictive liquor legislation are apparently not inconsistent with Volsteadian experience.

The earliest fairly reliable mortality statistical records for New York City are found in a semi-centennial table of mortality covering the period 1804–53. There are here many curious reflections not only of the death certification procedure of the times but of the prevailing sanitary conditions of the city. Odd causes of death are noted, such as salivation, drinking cold water, mis-menstruation, etc. The records reflect the terrible conditions that prevailed in New York City at the beginning of the nineteenth century, with yellow fever and cholera annual death rates per 100,000 of 344 and 1,557, respectively.

The situation was little improved until the work of Dr. Stephen Smith, his sanitary survey, and the establishment through his efforts of the Metropolitan Health Board.

The history of public health in New York City reflects the transition from the environmental to the personal, from sanitary policing to individual persuasion, from suppressive legislation to individual responsibility. In medicine, veering away from the early communism of the Dutch Colony, there has been noted a

successive period of expansion of the private practice of medicine with a gradual return to a greater degree of group medical control for large sections of the population. This has been followed by specialization on the one hand, and on the other, through the hygienic educational responsibilities of the profession, through the practice of periodic examinations, by the opening up of a much larger and greater field for the general practitioner—the private practice of preventive medicine. Public health work, especially in its more recent educational aspects, has more than kept pace with the growth of the city. In spite of our tremendous expansion in numbers, and complexity of organization, life in New York to-day is safer, happier, and longer than it was in the Manhattan of long ago.

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## PROCEEDINGS OF ACADEMY MEETINGS, 1926

### STATED MEETINGS

#### *January*

#### ANNUAL MEETING

Thursday Evening, January 7th, at 8:30 o'clock.

#### ORDER

1. Reading of the Minutes.
2. Annual report of the President.
3. Reports of Council and Trustees.
4. Reports of Officers.
5. Reports of Committees.
6. Action on Constitution and By-laws.
7. Other Business.
  - a. Nominations for Trustee.
  - b. Appointment of Nominating Committee for 1926.
8. Addresses.
  - a. Early days in the Academy, D. Bryson Delavan.
  - b. Academy activities in our present building, Samuel W. Lambert.
  - c. The future work of the Academy, Linsly R. Williams.